

19. CASE MANAGEMENT - Limitations

Under the authority of Section 1915(g)(1) of the Social Security Act, Case Management Services will be covered without regard to the requirements of Section 1902(a)(10)(B) of the Act and will be targeted to specific population groups.

- A. Coverage is limited to Psychiatrically Disabled adults as determined by criteria established by the South Carolina Department of Mental Health. These criteria include diagnosis of major mental disorder included in DSM III classification under schizophrenic disorders, major affective disorder, severe personality disorder in the absence of serious antisocial behavior, psychotic disorder, and delusional (paranoid) disorders or diagnosis of a mental disorder and at least one hospitalization for treatment of a mental disorder and therefore will meet the criteria for Chronically Mentally Ill. No clients participating in any waiver program which includes case management services will be case managed under this program.
- B. Case management for chronically mentally ill adults is not restricted geographically, and is provided in accordance with Section 1902(a)(10)(B) on a statewide basis out of seventeen (17) Community Mental Health Centers.
- C. All case management services for this targeted chronically mentally ill adult population are comparable in amount, duration and scope.
- D. DEFINITION OF SERVICES:

Case management services are defined as those services necessary to assure that the targeted client has access to a full array of needed medical, educational, vocational, social, treatment, and rehabilitative services. A mechanism for referral will exist as an integral aspect of this service, as will a process for follow up monitoring.

Case management for chronically mentally ill adults will enable these clients to have timely access to the services and programs that can best deal with their needs. The case managers will have case loads which will facilitate assessment of and quick response to situations which need immediate attention.

All services will be appropriately documented in the client's file. Plan of care updates will occur periodically to assure that needed services are accessed.

- E. Qualification of Providers:

Provider enrollment is limited to the seventeen (17) Community Mental Health Centers which are entities of the South Carolina Department of Mental Health (SCDMH). SCDMH is an agency of the State of South Carolina. Because of the chronic nature of the mental illness present

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in these adults, SCMDH is the only provider in South Carolina qualified to case manage this population.

Individual case managers serving this population must, at a minimum, hold a Ph.D. or a MSW or a masters degree in psychology, counseling, or a closely related field or a bachelors degree in the above mention disciplines.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. FREE CHOICE OF PROVIDERS

All adults eligible for Medicaid and deemed chronically mentally ill will be eligible to receive these case management services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

3. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
4. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times

- G. Payment for case management services under the plan does not duplicate payments made to the public agencies or private entities under other program authorities for this same purpose.

19. CASE MANAGEMENT - Limitations

Under the authority of Section 1915(g)(1) of the Social Security Act, Case Management Services will be covered without regard to the requirements of Section 1902(a)(10)(B) of the Act and will be targeted to specific population groups.

- A. Coverage is limited to seriously emotionally disturbed children as determined by criteria established by the South Carolina Department of Mental Health. This criteria includes a DSM III-R diagnosis for emotional disturbance or neurological impairment and a serious emotional disturbance with a duration of more than six months or projected to continue for more than six months, or needing services of more than two agencies or needing more than two types of mental health services, or has been served in a psychiatric hospital or intensive residential program or needs such services and therefore will meet the criteria of Seriously Emotionally Disturbed. Because of the seriousness and complexity of their mental illness, in South Carolina this population is considered chronically mentally ill.
- B. Case management for seriously emotionally disturbed children is not restricted geographically, and is provided in accordance with Section 1902(a)(10)(B) on a statewide basis out of seventeen (17) Community Mental Health Centers.
- C. All case management services for this targeted population of seriously emotionally disturbed children are comparable in amount, duration and scope.
- D. DEFINITION OF SERVICES:

Case management services are defined as those services necessary to assure that the targeted client has access to a full array of needed medical, educational, vocational, social, treatment, and rehabilitative services. A mechanism for referral will exist as an integral aspect of this service, as will a process for follow up monitoring.

Case management for seriously emotionally disturbed children will enable these clients to have timely access to the services and programs that can best deal with their needs. It will also assure follow up on placements and services to assure that these children are in the programs best suited to their respective needs. Case management will provide a quick response to issues which need immediate attention through timely and appropriate referrals.

All services will be appropriately documented in the client's file. Treatment Plan updates will occur periodically to assure that needed services are accessed.

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E. Qualification of Providers:

Provider enrollment is limited to the seventeen (17) Community Mental Health Centers which are entitles of the South Carolina Department of Mental Health (SCDMH). SCDMH is an agency of the State of South Carolina. Because of the chronic nature of the mental illness present in these children, SCMDH is the provider in South Carolina that can assure appropriate and timely case management services for this population.

Individual case managers serving this population must, at a minimum, hold a Ph.D. or a MSW or a masters degree in psychology, counseling, or a closely related field or a bachelors degree in the above mention disciplines.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. FREE CHOICE OF PROVIDERS

All children through age 21 eligible for Medicaid and deemed seriously emotionally disturbed will be eligible to receive these case management services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

- G. Payment for case management services under the plan does not duplicate payments made to the public agencies or private entities under other program authorities for this same purpose. There will be no duplication of case management services.

19. Case Management - Limitations

- A. Coverage is limited to Medicaid pregnant women determined to be "at risk" during their pregnancy and to their infants up to one year after delivery. "At risk" status will be defined as any client included in one or more of the following:

1. Medical condition: Patients scoring 10 or more on the State Maternity Assessment Tool (DHEC 1615 Rev.) and women at risk of delivering a low birth weight baby.
2. Age: Age 20 and younger or age 34 and older.
3. Previous Pregnancy: Received no prenatal care or began prenatal care in the third trimester or received less than five prenatal visits.
4. Exempt High Risk Patients: High risk patients exempt from the High Risk Channeling Project.
5. Patients who have no "at risk" factor which would place them in groups 1-4 (medical condition, age, previous pregnancy, or exempt High Risk Channeling Project patient) but are considered by the Case Manager to have a special need for case management (i.e. death of a child, inadequate housing, family tensions or other psycho-social problems). Data concerning these patients could be used to provide expansion of the "at risk" factors.

- B. Case Management for "at risk" Medicaid pregnant women and their infants will be provided on a statewide basis.

Women participating in the High Risk Channeling Project (HRCF) will not participate in "at risk" case management. Patients participating in the "at risk" case management who become high risk would be entered into the HRCF and their participation in "at risk" case management terminated.

- C. All case management services for this targeted "at risk" pregnant group of women and their infants are comparable in amount, duration and scope.

- D. Definition of Services:

Case management services are defined as those services necessary to assure that the targeted patient has access to any array of medical services, health education services and psycho-social services. A mechanism for referral will exist as an integral part of this service, including a process for follow-up monitoring and tracking to reinforce/support patient compliance with necessary services.

Case management for "at risk" maternity patients and their infants will enable these patients to have timely access to care and programs that are appropriate for their needs. The case managers will refer these patients to services and review patients' needs on a regular basis. They will also provide necessary case management interventions to support/reinforce patient compliance with necessary services.

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All services will be appropriately documented in the patient's record.

E. Qualification of the Providers:

Providers of case management may be any entity/individual including, but not restricted to, local health departments, community health clinics and rural health centers regardless of whether they provide other Medicaid service. Case management providers may qualify upon demonstration of ability to provide case management services in accordance with the requirements set forth by Medicaid and sign an agreement with the State Health and Human Services Finance Commission.

Initial assessment of patients, as well as supervision of the associate case manager and reviews of all records prior to closing, must be performed by a Senior Case Manager as defined by the Finance Commission.

A Senior Case Manager who is a Registered Nurse (RN) must be licensed in South Carolina and have a minimum of twelve months experience in direct nursing practice, preferably with experience in maternal and infant care. A Senior Case Manager who is not a RN must have, at minimum, a Bachelor's Degree in social work or related health or human services field with a minimum of twelve months experience, preferably in maternal and infant care.

An Associate Case Manager is defined, at minimum, as a high school graduate/GED with one (1) year experience in a health or human services related field.

Case management interventions (e.g. monitoring, following-up, referrals) may be performed by a Senior Case Manager or an Associate Case Manager. However, only Senior Case Managers can open and close cases.

F. Free Choice of Providers

All "at risk" Medicaid pregnant women and their infants will be eligible to receive case management services up to one year after delivery.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the right to change or terminate case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the State plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other programs authorized for this same purpose.

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19. CASE MANAGEMENT - Substance Abuse

Under the authority of Section 1915(g)(1) of the Social Security Act, Case Management Services will be covered without regard to the requirements of Section 1902(a)(10)(B) of the Act and will be targeted to specific population groups.

- A. Coverage is limited to alcohol and/or drug abusers as determined by criteria established by the State Health and Human Services Finance Commission and the South Carolina Commission on Alcohol and Drug Abuse. These criteria include a diagnosis of psychoactive substance abuse, psychoactive substance dependency, and psychoactive substance-induced organic mental disorders as delineated by DSM-III-R classifications, or; referral to a certified alcohol and drug abuse provider for problems resulting from or related to substance use which do not meet DSM-III-R criteria for psychoactive substance abuse/dependence, or; having received treatment in an intensive alcohol and drug abuse treatment program or chemical dependence hospital or in need of these services.
- B. Case management for substance abuse is not restricted geographically, and is provided in accordance with Section 1902(a)(10)(B) on a statewide basis.

All requirements of Section 1902(a)(32) of the Social Security Act will be met. Each certified alcohol and drug abuse service provider will be enrolled as a Medicaid provider with their own six (6) digit Medicaid provider identification number. Medicaid payments are made to these provider identification numbers.

- C. All case management services for this targeted population of alcohol and drug abusers are comparable in amount, duration and scope.

D. Definition of Services:

Case management services are defined as those services necessary to assure that the targeted client has access to a full array of needed medical, educational, social, treatment, and rehabilitative services. A mechanism for referral will exist as an integral aspect of this service, as will a process for follow up monitoring. Case management for alcohol and drug abusers will enable these clients to have timely access to the services and programs that can best deal with their needs.

All case management services will be appropriately documented in the client record. Plan of care updates will occur periodically to assure that needed services are accessed.

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E. Qualification of Providers:

Provider enrollment is available to any provider who can meet the specific enrollment criteria for alcohol and drug abuse service providers certified by the Department of Alcohol and Other Drug Abuse Services (DAODAS), which is an agency of the State of South Carolina.

Individual case managers serving this population must, at a minimum, be credentialed by DAODAS as a Clinical Counselor or Intervention Specialist, or; hold a master's degree in a social science or related discipline, or; hold a bachelor's degree in the above mentioned disciplines and one year experience in service provision to alcohol and drug abuse or mental health clients, or; hold a master's or bachelor's degree in any discipline, and within nine (9) months from the initiation of service provision, demonstrate successful completion of the case management training curriculum Developed and provided by DAODAS and approved by the South Carolina Department of Health and Human Services (DHHS).

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. Free Choice of Providers:

All Medicaid recipients deemed alcohol and drug abusers will be eligible to receive these case management services.

At no time will any client receiving case management services from a case manager be required to receive clinical or rehabilitative services from that same staff person. No client will be required to receive services from the same alcohol and drug service provider which employs the case manager, nor required to receive services from any alcohol and drug service provider. Freedom of choice of case managers, clinic, or rehabilitative service providers will be maintained at all times. Freedom of choice of all providers will be maintained at all times. Also, no provider of one service will be required to provide other services.

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of case managers and the freedom to switch case managers if and when they desire.
2. Eligible recipients will have free choice of providers of other medical care under the State Plan. Case managers will assure that freedom of choice of physicians and other medical care providers is maintained at all times.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

19. CASE MANAGEMENT - Sickel Cell Disease

Under the authority of Section 1915(g)(1) of the Social Security Act, case management services will be covered without regard to the requirements of Section 1902(a)(10)(B) of the act and will be targeted to persons with sickel cell disease.

- A. Coverage is limited to non-institutionalized Medicaid recipients determined to have a confirmed laboratory diagnosis of sickel cell disease which include the sickel hemoglobinopathies (Hb SS, Hb SC, Hb SD and Hb S-Thal). In addition, the Medicaid recipients have to meet one or more of the following criteria:
1. Young children, to age 4 years, who are diagnosed to have sickel cell disease and whose families need assistance in understanding care for these children and accessing medical care.
 2. Children (ages 4 years to 21) who are medically unstable, who have difficulty accessing medical care or who have no consistent medical care giver.
 3. Adults assessed and determined at risk. At risk criteria includes those who have had a history of medical instability, and thus lack understanding in the disease; lack the ability to assess their own medical care system; who have no consistent medical care giver; or as a result of pain therapy have developed problems with substance dependency.
- B. Case management for clients with sickel cell disease is not restricted geographically, and is provided on a statewide basis in accordance with Section 1902(a)(10)(B).
- C. All case management services for this targeted Medicaid population are comparable in amount, duration and scope.
- D. DEFINITION OF SERVICES:

Case management services are defined as those services necessary to assure that the targeted population has access to a full array of needed medical services, health education services and psycho-social services. Assessments will be provided to identify the individual's need for case management services including documentation of the child and family's strengths, needs and resources will be carefully coordinated and integrated. Case management assessment will not include the actual performance of physical/psychological examinations or evaluations. A mechanism for referral will exist as an integral part of this service, including a process for follow-up monitoring and tracking. Case management for Medicaid clients with sickel cell disease will enable the

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recipients to have timely access to care and programs that are appropriate for their needs. The treatment goals are developed in conjunction with the recipient/family and are based on mutually determined goals. The case manager must maintain adequate records to ensure that the approved plan of care and all services that were deemed necessary were actually utilized. A plan of care will be reviewed at least on a quarterly basis to assure that needed services are accessed.

E. QUALIFICATION OF PROVIDERS:

Providers of case management may be any public or private entity, including, but not restricted to, local health departments, community health clinics, rural health centers and non-profit sickle cell organizations regardless of whether they provide other Medicaid services. Case management providers may qualify for enrollment upon demonstration of the ability to provide case management services in accordance with the requirements set forth by Medicaid and by signing an agreement with the State Department of Health and Human Services as a case manager provider for sickle cell disease.

The case manager shall be a Registered Nurse (R.N.) and/or a Social Worker. The R.N. must be licensed in South Carolina and have either: a) a minimum of one year adult medical/surgical clinical experience plus either an additional six months experience in pediatrics, or have taken a pediatric assessment course in the last six months, or; b) have the minimum of one year pediatric experience plus either an additional six months experience in adult medical/surgical experience or have taken an adult assessment course in the last six months. The nurse should also attend at least one in-service training related to sickle cell disease approved by DHHS annually.

The Social Worker must either have: Master of Social Work Degree or Bachelor of Social Work Degree, licensed as LMSW, LISW or LBSW by the South Carolina Board of Social Work Examiners. The LBSW must be under the supervision of masters level social worker (LMSW, LISW). A social worker must have at least one year's experience working with individuals in a health/human service environment and must attend at least one in-service training related to sickle cell disease approved by DHHS annually.

Required credentials for a Case Manager Assistant will include no less than a high school diploma or GED, and skills/competencies sufficient to perform assigned tasks or the capacity to acquire those skills/competencies.

F. FREE CHOICE OF PROVIDERS:

Case management services for Medicaid patients with sickle cell disease will comply with CFR Regulation regarding Freedom of Choice. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.

1. Eligible recipients will have free of choice of case managers and the right to change or terminate case managers if and when they desire.